

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE	
						APPLICANT(S)		09/674136	
CLAIMS									
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
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TOTAL IND.	1		4						
TOTAL DEP.	0		5						
TOTAL CLAIM	1		9						
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						100			
						TOTAL IND.			
						TOTAL DEP.			
						TOTAL CLAIMS			

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